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## FAX TRANSMISSION COVER SHEET

March 8, 2006

To:

Attn.: Group Art Unit 2132  
United States Patent and Trademark  
Office

Telephone:

Fax Number:

(571) 273-8300

From: Gerald T. Sekimura  
(Reg. No. 30,103)  
415.836.2500

Client-Matter Number: 351722-165379

Re: U.S. Patent Application No. 09/888,838  
Filing Date: June 25, 2001  
First Named Inventor: Vladimir Castro Alves  
Art Unit: 2132  
Examiner: Benjamin E. Lanier  
Attorney Docket No.: MORPH1160

Pages: - 7 - (including this form)

Originals:

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### Message:

Please see attached for filing in the above-identified U.S. patent application.

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351722-165379

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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

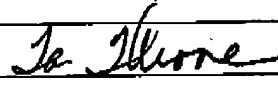
<b>TRANSMITTAL FORM</b>  <i>(to be used for all correspondence after initial filing)</i>	Application Number	08/888,838	
	Filing Date	June 25, 2001	
	First Named Inventor	Vladimir Castro Alves	
	Art Unit	2132	
	Examiner Name	Benjamin E. Lanier	
Total Number of Pages in This Submission	6	Attorney Docket Number	MORPH1160 (351722-165379)

ENCLOSURES (Check all that apply)					
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request - 3 mos. <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____  <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC  <input checked="" type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1. Deposit Account Authorization			
		<b>Remarks</b>			
		The Commissioner is hereby authorized to charge any deficiencies in fees and credit any overpayment of fees to Deposit Account No. 07-1898. A duplicate page is enclosed.			
		Customer No. 29585			

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	DLA-Piper Rudnick Gray Cary US LLP, 153 Townsend Street, Suite 800, San Francisco, CA 94107		
Signature			
Printed name	Gerald T. Sekimura - Tel.: (415) 836-2500 Fax: (415) 836-2501		
Date	March 8, 2006	Reg. No.	30,103

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature	
Typed or printed name	Ta-Tanisha L. Moore
Date	March 8, 2006

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TRANSMITTAL  
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Total Number of Pages in This Submission

	Application Number	09/888,838
	Filing Date	June 25, 2001
	First Named Inventor	Vladimir Castro Alvcs
	Art Unit	2132
	Examiner Name	Benjamin E. Lanier
6	Attorney Docket Number	MORPH1160 (3517Z2-165378)

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input checked="" type="checkbox"/> Extension of Time Request - 3 mos. <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD. Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input checked="" type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):  1. Deposit Account Authorization
<input type="checkbox"/> Remarks The Commissioner is hereby authorized to charge any deficiencies in fees and credit any overpayment of fees to Deposit Account No. 07-1886. A duplicate page is enclosed.  Customer No. 29585		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	DLA Piper Rudnick Gray Cary US LLP, 153 Townsend Street, Suite 800, San Francisco, CA 94107		
Signature			
Printed name	Gerald T. Sekimura - Tel.: (415) 836-2500 Fax: (415) 836-2501		
Date	March 8, 2006	Reg. No.	30,103

## CERTIFICATE OF TRANSMISSION/MAILING

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Signature	
Typed or printed name	Ta-Tanisha L. Moore
Date	March 8, 2006

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PTO/SB/17 (12-04v2)

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL  
For FY 2005** Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$)

760.00

**Complete if Known**

Application Number	09/888,838
Filing Date	June 25, 2001
First Named Inventor	Vladimir Castro Alves
Examiner Name	Benjamin E. Lanier
Art Unit	2132
Attorney Docket No.	MORPH1160 (351722-165379)

**METHOD OF PAYMENT** (check all that apply) Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_ Deposit Account Deposit Account Number: 07-1896 Deposit Account Name: DLA Piper Rudnick Gray Cary US LLP

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES	
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)
Utility	300	150	500	250	200	100
Design	200	100	100	50	130	65
Plant	200	100	300	150	160	80
Reissue	300	150	500	250	600	300
Provisional	200	100	0	0	0	0

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

**Small Entity****Fee (\$)**

50 25

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180

**Total Claims** **Extra Claims** **Fee (\$)** **Fee Paid (\$)****Multiple Dependent Claims****Fee (\$)** **Fee Paid (\$)**

- 20 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of total claims paid for, if greater than 20.

**Indep. Claims** **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

\_\_\_\_\_

\_\_\_\_\_

- 3 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

**Total Sheets** **Extra Sheets** **Number of each additional 50 or fraction thereof** **Fee (\$)** **Fee Paid (\$)**

- 100 = \_\_\_\_\_ / 50 = \_\_\_\_\_ (round up to a whole number) x \_\_\_\_\_ = \_\_\_\_\_

**Fee Paid (\$)****4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Notice of Appeal &amp; Petition for 3-Month Extension of Time to Respond \$760.00

SUBMITTED BY	<i>Gerald T. Sekimura</i>	Registration No. (Attorney/Agent) 30.103	Telephone (415) 836-2500
Signature			Date March 8, 2006

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

## FEE TRANSMITTAL For FY 2005

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 760.00)

## Complete if Known

Application Number	09/888,838
Filing Date	June 25, 2001
First Named Inventor	Vladimir Castro Alves
Examiner Name	Benjamin E. Lanier
Art Unit	2132
Attorney Docket No.	MORPH1160 (351722-165379)

## METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  Nonc  Other (please identify): \_\_\_\_\_

Deposit Account Deposit Account Number: 07-1896 Deposit Account Name: DLA Piper Rudnick Gray Cary US LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

 Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s)  
under 37 CFR 1.18 and 1.17 Credit any overpayments

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## FEE CALCULATION

## 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

## 2. EXCESS CLAIM FEES

## Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
				Fee (\$)	Fee (\$)
- 20 or HP =	x	=		50	25

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
				Fee (\$)	Fee (\$)
- 3 or HP =	x	=			

HP = highest number of independent claims paid for, if greater than 3.

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- 100 =	/ 50 =	(round up to a whole number) x		

## 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge), Notice of Appeal &amp; Petition for 3-Month Extension of Time to Respond

\$760.00

## SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 30,103	Telephone (415) 838-2500
Name (Print/Type)	Gerald T. Sekimura		Date March 8, 2006

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